

FORM 5A Rev 02/08	State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: 2511429				
The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.							

1. OGCC Operator Number: <u>10310</u>	4. Contact Name: <u>DAVE COOK</u>
2. Name of Operator: <u>FRAM OPERATING LLC</u>	Phone: <u>(719) 5938787</u>
3. Address: <u>30 E PIKES PEAK AVE STE 283</u>	Fax: <u>(719) 3141362</u>
City: <u>COLORADO SPRIN</u> State: <u>CO</u> Zip: <u>80903</u>	

5. API Number <u>05-077-09475-00</u>	6. County: <u>MESA</u>
7. Well Name: <u>MANSUR</u>	Well Number: <u>33-1-K</u>
8. Location: QtrQtr: <u>SENW</u> Section: <u>33</u> Township: <u>12S</u> Range: <u>97W</u> Meridian: <u>6</u>	
9. Field Name: <u>WHITEWATER</u> Field Code: <u>92840</u>	

Completed Interval

FORMATION: <u>DAKOTA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>06/22/2010</u>	Date of First Production this formation: <u>07/08/2010</u>
Perforations Top: <u>3178</u> Bottom: <u>3258</u>	No. Holes: <u>84</u> Hole size: <u>37/100</u>
Provide a brief summary of the formation treatment:	
3254-58 2000 GAL 7 1/2% HCL ACID. 3178-90 2000 GAL 7 1/2% HCL ACID.	

This formation is commingled with another formation: Yes No

Test Information:

Date: <u>07/08/2010</u>	Hours: <u>24</u>	Bbls oil: <u>29</u>	Mcf Gas: <u>50</u>	Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: <u>29</u>	Mcf Gas: <u>50</u>	Bbls H2O: <u>0</u>	GOR: _____
Test Method: <u>PUMPING</u>	Casing PSI: <u>50</u>	Tubing PSI: <u>50</u>	Choke Size: <u>2/100</u>	
Gas Disposition: <u>VENTED</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1068</u>	API Gravity Oil: <u>35</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>3232</u>	Tbg setting date: <u>07/06/2010</u>	Packer Depth: _____	

Reason for Non-Production:

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: MORRISON Status: ABANDONED COMPLETION

Treatment Date: _____ Date of First Production this formation: _____

Perforations Top: 3320 Bottom: 3228 No. Holes: 24 Hole size: 37/100

Provide a brief summary of the formation treatment: _____ Open Hole:

(BRUSHY BASIN) 2000 GAL 7 1/2% HCL.

This formation is commingled with another formation: Yes No

Test Information:

Date: 06/21/2010 Hours: 5 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 53

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 265 GOR: _____

Test Method: SWAB Casing PSI: 0 Tubing PSI: 0 Choke Size: 2/100

Gas Disposition: VENTED Gas Type: WET BTU Gas: 1068 API Gravity Oil: 35

Tubing Size: 2 + 3/8 Tubing Setting Depth: 3298 Tbg setting date: 06/18/2010 Packer Depth: 3298

Reason for Non-Production: _____

WET

Date formation Abandoned: 06/21/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 3308 Sacks cement on top: 2

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: DAVE COOK

Title: GENERAL COUNSEL Date: 7/21/2010 Email DAVE@FRAMAMERICAS.COM

Attachment Check List

Att Doc Num	Name
2511429	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)